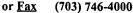
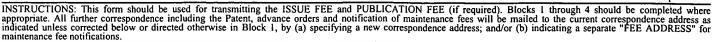
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 01/15/2004 Eric A. LaMorte Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile P.O. Box 434 Yardley, PA 19067-8434 transmitted to the USPTO, on the date indicated below. onto (Depositor's name) (Signature) (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/086,251 03/01/2002 Michael McCook SURGEX-1 4075 TITLE OF INVENTION: SYSTEM AND METHOD FOR FILTERING MULTIPLE ADVERSE CHARACTERISTICS FROM A POWER SUPPLY SOURCE APPLN. TYPE SMALL ENTITY **ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE YES nonprovisional \$665 \$300 \$965 04/15/2004 EXAMINER ART UNIT CLASS-SUBCLASS NGO, HUNG V 2831 361-111000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the LAMORTE & ASSOCIATES names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single  $\hfill \Box$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ssue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_ ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signal (Date) 4-15 04/21/2004 HALI22 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. 00000006 10086251

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665.00 Op

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01 FC:2501

02 FC:1504

03 FC:8001

PTO/SB/17 (10-03)

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## for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

SUBMITTED BY

Name (Print/Type)

Signature

Eric A. LaMorto

(\$) 995

Complete if Known		
Application Number	10/086,251	
Filing Date	03/01/2002	
First Named Inventor	McCook	
Examiner Name	H. V. Ngo	
Art Unit	2831	
Attorney Docket No.	Surgex-1	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)		
Check Credit card Money Order None	3. ADDITIONAL FEES		
Deposit Account:	arge Entity Small Entity		
Deposit Account 50-1954	Fee Fee Fee Fee Descri Code (\$)	iption <u>Fee Paid</u>	
Number	1051 130 2051 65 Surcharge - late filing f	ee or oath	
Deposit Account LaMorte & Associates P.C.	1052 50 2052 25 Surcharge - late provis cover sheet	ional filing fee or	
Name The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specificati	on	
Charge fee(s) indicated below Credit any overpayments	1812 2,520   1812 2,520 For filing a request for	ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication Examiner action	of SIR prior to	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,840* 1805 1,840* Requesting publication Examiner action	of SIR after	
FEE CALCULATION	1251 110 2251 55 Extension for reply with	hin first month	
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply wit	hin second month	
Large Entity Small Entity	1253 950 2253 475 Extension for reply wit	hin third month	
Fee Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply wit	hin fourth month	
1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply wit	hin fifth month	
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in suppor	t of an appeal	
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing	ng	
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a pr	ublic use proceeding	
SUBTOTAL (1) (\$)	1452 110 2452 55 Petition to revive - una	voidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unir		
Fee from	1501 1,330 2501 665 Utility issue fee (or reis	ssue) 665	
Extra Claims below Fee Paid  Total Claims 20** = X =	1502 480 2502 240 Design issue fee		
Independent 2** -	1503 640 2503 320 Plant issue fee		
Claims -3 -	1460 130 1460 130 Petitions to the Comm		
Large Entity   Small Entity	1807 50 1807 50 Processing fee under	`''	
Large Entity   Small Entity   Fee Fee   Fee Fee   Fee Description	1806 180 1806 180 Submission of Informa		
Code (\$)	8021 40 8021 40 Recording each patent property (times number	r of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission aft (37 CFR 1.129(a))	er final rejection	
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional inv	vention to be	
1204 86 2204 43 ** Reissue independent claims	examined (37 CFR 1.1	29(b))	
over original patent  1205 18 2205 9 ** Reissue claims in excess of 20	1801 770 2801 385 Request for Continue 1802 900 1802 900 Request for expedite	· · · · ·	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	of a design application	·	
SUBTOTAL (2) (\$)	Other fee (specify) Pub fee and copies 330		
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Registration No.

Attorney/Agent)

34,653

Telephone 215 321-6772

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Date